

Emergency Drought

State of Washington

Received

Fee Paid
Date

Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

| Section | i. Apps | ICANT - | PERSON | , ORGA | NIZATION, OR | WATERS | SYSTEM | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------|---------------------------|--------------------|----------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|--|--|
| Name Hig | bline C | schards | | | Home Tel:(<u>\$</u> | 109) 968- | 3142 | | |
| Mailing Add | lress 160 | 1 Lawre | ence | Road | Work Tel:(| | | | |
| City Ellensburg State WA Zip+4 98926 +9190 FAX: (509) 968 - 3655 | | | | | | | | | |
| Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION ☐ Same as above | | | | | | | | | |
| Name Ur | ban Et | eshost | | | Home Tel:(= | F09) 968- | 3142 | | |
| | | | | | Work Tel:(| | | | |
| City Blee | sburg | St | ate WA Zi | p+4 <u>989</u> | 2-6+FAX:(5 | 509)968 - | 3655- | | |
| Relationship | to applican | t Manageria | opera | las | | 1 | | | |
| Section 3. STATEMENT OF INTENT | | | | | | | | | |
| The applicant requests a permit to use not more than | | | | | | | | | |
| □ Check | | | | | | | the water will be needed: | | |
| | From _ | 8 112 105 | to | | END OF PROUGH | 9 SEASON | | | |
| Section 4. WATER SOURCE | | | | | | | | | |
| IfSURFA | CE WATE | R | | | If GROUNDWATE | R | | | |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: | | | | | A permit is desired for & well(s). Withdrawal From AN EXISTENCE WELL AT Ground WATER PERMIT # 6429526P | | | | |
| Source flows into (name of body of water): | | | | | Size & depth of well(s): | | | | |
| 12" 762' 64295267 | | | | | | G429526F | | | |
| LOCATION | | | | | | | | | |
| ************************************** | | | | | | | | | |
| ************************************** | north-south | | | | om the point of divers | | | | |
| Enter the | north-south | | | | 'west of t | Le North | source is platted, complete below: | | |
| Enter the section co | north-south | 190's | outh a | nd 100 pection | 'west of t | If location of | source is platted, complete below: | | |
| Enter the section co | north-south rner: /, // of | Section Z | Township | Range(E/W) | County County | If location of Lot Blo | source is platted, complete below: | | |
| Enter the section co | north-south rner: /, // of // of // Of Date Re | Section Z | Township 16 10 457 7, 6 | Range(E/W) 19E WM | west of t | If location of Lot Blo | source is platted, complete below: | | |

Appl. No.: 64-32993-05

| Se | ction 5. GENERAL WATER SYSTEM INFORMATION | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| A. | Name of system, if named: Eberhart | 7. T T T T T T T T T T T T T T T T T T T |
| B. | Briefly describe your proposed water system. (See instructions.) Sprinkler and Drip | |
| | | |
| | | |
| | | |
| C. | Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Kitties Reclamation District. | YES NO |
| Se (C | ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORM ompleted for all domestic/public supply uses.) | ATION |
| A. | Number of "connections" requested: Type of connection | |
| B. | Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are County Health Department. | t, Recreational, etc.) ☐ YES ☐ NO re identified by your |
| Con | aplete C. and D. only if the proposed water system will have fifteen or more co | onnections. |
| C. | Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of the current approved. | ☐ YES ☐ NO |
| D. | Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of | □ VES □ NO |
| Sec (Ca | etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.) | 972 |
| A. | Total number of acres to be irrigated: 25 | |
| B. | List total number of acres for other specified agricultural uses: | |
| | UseAcres | |
| | UseAcres UseAcres | |
| C. | Total number of acres to be covered by this application: | |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977) | |
| | Add up the acreage in which you have a controlling interest, including only: | |
| | ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). | |
| | | |
| | Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: | ☐ YES Ø NO☐ YES Ø NO |
| E. | Farm uses: | |
| | Stockwater - Total # of animals Animal type (If dairy cattle, so (If dairy cattle, s | see below) |



Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit NA. Same as approved in 1994 and 2001 Less than 10 AF Less than 10: application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Thall Road to Renmark Road South to Dourth Parallel Road East to Masowell Road or Vanderbilt Road. Point of use East side of Varleilt Road.

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

See attached.

Section 11. PROPERTY OWNERSHIP

- YES INO Does the applicant own the land on which the water will be used? A. If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): D. Highline owns 7 acres of this area and is lessing and operating the remainder of the acreage that is in Fruit and that Production from Bill Hanson Macres Allress 1102N Pfenning Ellensburg WA. 98926.

 AND Randy W. Meth 3 acres Address 400 Canyon Ranch Road Ellanburg WA. 98026
- Does the applicant own the land on which the water source is located? В. If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

SAME

august 4, 2005

Landowner for place of use (if same as applicant, write "same")

Date

| We are returning your application for the following | reason(s): | | | | | | |
|--------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|--|--|--|--|--|
| Examination fee was not enclosed | | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 | | | | | |
| Section number(s)incomplete | is/are | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE | | | | | |
| Explanation: | | | | | | | |
| Please provide the additional information requested above and return your application by (date). | | | | | | | |
| | | | | | | | |

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology staff_

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

Date_